YOUR PATIENT ADVOCATE WANTS YOU TO KNOW

WHAT HMO PATIENTS ARE ENTITLED TO UNDER CALIFORNIA'S NEW

Mental Health Parity Law

YOUR VOICE, YOUR HMO RIGHTS

Brief HISTORY of MENTAL HEALTH PARITY Legislation in California - AB 88 (Thomson).

Assembly Member Helen Thomson has been a key leader in the California fight for mental health parity. She originally introduced a mental health parity bill in 1998. It was passed by the Legislature, but was vetoed by then-Governor Pete Wilson.

In 1999, Assembly Member Thomson introduced AB 88, which was substantially similar to her previous bill. AB 88, like its predecessor, was passed by the California Legislature. On September 27, 1999, Governor Gray Davis signed it into law. AB 88 ends the historic discrimination in insurance benefits for those who suffer from severe mental illnesses.

Why is it IMPORTANT to be aware of Mental Health Parity?

If you are currently enrolled in a health plan such as a health maintenance organization (HMO), Preferred Provider Organization (PPO), or Point of Service Plan (POS), you should become aware of the new mental health parity law. Under this law, effective July 1, 2000, health plans in California are required to provide mental health care services that are necessary for the diagnosis and treatment of certain mental health conditions.

What does MENTAL HEALTH PARITY mean?

Mental health parity means providing equal coverage for mental health care services as for other medical conditions. The new law ensures that HMO/health plan enrollees receive treatment, for certain mental health conditions, on the same terms as for other medical conditions.

To find out what mental health benefits you are entitled to in your contract with the HMO/health plan, carefully review the Evidence of Coverage/Contract and Disclosure Form given to you by your plan.

HMOs are required by law to provide "Basic Health Care Services" which include:

- Physician services, including consultation and referral.
- Hospital inpatient services and ambulatory care services.
- Diagnostic laboratory and diagnostic and therapeutic services.
- Home health services.
- Preventive health services.
- Emergency health care services.

You need to know that health plans may not impose limitations or exclusions on mental health benefits for the covered mental health conditions that they do not impose on other medical conditions. In other words, for the mental health conditions covered under the new parity law, health plans may impose the same limitations or exclusions that they impose on benefits for other medical conditions. Also, you should know that plans cannot impose higher co-payments or deductibles for mental health care for these conditions, or impose different maximum life benefits (caps) on out-of-pocket costs applied to mental health care for these conditions.

WHAT mental health CONDITIONS ARE COVERED under the mental health parity law?

The law requires that health plans provide coverage for the diagnosis and medically necessary treatment of severe mental illness of any person, or serious emotional disturbance of a child, if the condition meets certain criteria specified by the law.

The health plan benefits must include:

- Outpatient services;
- Inpatient hospital services;
- Partial hospital services; and
- Prescription drugs, if the plan covers prescription drugs.

"Severe mental illness" includes:

- Schizophrenia;
- Schizoaffective disorder;
- Bipolar disorder (manic-depressive illness);
- Major depressive disorders;
- Panic disorders;
- Obsessive-compulsive disorder;
- Pervasive developmental disorder or autism;
- Anorexia nervosa; and
- Bulimia nervosa.

"Serious emotional disturbances of a child" refers to a child who has one or more mental disorders, other than a substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected norms, and who meets certain other criteria.

How does the mental health parity law apply to MEDICAL HEALTH PLANS like Point of Service (POS) Plans?

The law allows plans to provide mental health parity benefits while using in-network providers. However, the law permits certain plans such as POS products to limit or exclude coverage if you receive care from non-network providers.

If you are unsure about what type of coverage you have, call your plan's Member Services department and ask them to clarify what your benefits cover.

How does this law apply to the MEDICARE and MEDI-CAL programs?

If you are in the Original Medicare Plan, Part A covers inpatient mental health care, including room, meals, nursing, and other related services and supplies. Part B covers mental health services generally given outside a hospital, including visits with a doctor, clinical psychologist, clinical social worker, and lab tests. For more information about Medicare coverage for mental health care, call 1-800-MEDICARE (633-4227) or visit **www.medicare.gov/** on the Internet.

If you are in a Medicare managed care plan or a Private Fee-for-Service plan, read your plan materials or contact the plan to learn about their mental health care coverage. You must get at least the same coverage as provided by Parts A and B of the Original Medicare Plan.

The new California law does not apply to Medi-Cal beneficiaries.

How can you EXERCISE YOUR RIGHTS to obtain the mental health care to which you are entitled from your HMO under the parity law?

First, talk to your doctor/provider about your condition. If your HMO or health plan will not authorize something that you, your physician or mental health provider feel is medically necessary, you may contact your HMO/health plan's Member Services Department for assistance. They can help you determine if what you need is covered by the plan.

Also, under certain situations, **you have the right to a second opinion** regarding your diagnosis and treatment. These include, but are not limited to: if your condition is such that the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating health professional is unable to diagnose the condition.

You also have the right to file a grievance/complaint if medically necessary care requested by you or your provider is denied, delayed, or modified by your HMO/health plan. You must file a grievance with your HMO/health plan first. They must resolve your grievance within 30 days. If the plan's original decision is upheld or remains unresolved after 30 days, you may file a complaint with the Department of Managed Health Care (Department) by calling the **California HMO Help Center**. **The toll-free number is (888) HMO-2219 TDD (877) 688-9891** or you may file your complaint through the Department's website: **www.hmohelp.ca.gov/**.

Also, at that point, if you believe that your HMO/health plan has improperly modified, delayed, or denied a requested health care service that is medically necessary, **you have the right to file a request for an Independent Medical Review (IMR)** through the Department. Your HMO is required to notify you of the availability of the IMR in writing immediately after your grievance/complaint with the HMO or health plan if it is not resolved to your satisfaction.

What does the DEPARTMENT of MANAGED HEALTH CARE do?

The Department of Managed Health Care was established in July 2000 under the Business, Transportation and Housing Agency to regulate California's health maintenance organizations (HMOs). Within the Department is the **California HMO Help Center**, which provides individual support and guidance to enrollees with problems that they have not been able to resolve first with their HMOs.

What is the OFFICE of the PATIENT ADVOCATE?

The Office of the Patient Advocate was established in July 2000 as an independent and autonomous office under the Business, Transportation and Housing Agency to protect the health care rights of patients enrolled in an HMO. The Patient Advocate informs and educates patients about how to effectively navigate the health care system and how to make their voices be heard. The Patient Advocate works to protect and promote the health care of California residents and to ensure a more consumer driven health care system.

How to access other IMPORTANT ADVOCACY RESOURCES.

For additional information on mental health conditions, laws, and resources you may contact:

The National Alliance for the Mentally Ill (NAMI)
Website: http://www.nami.org/

California Coalition For Mental Health (MHAC)
Website: http://www.mhac.org/

NOTE: Although this brochure describes California law, it is for informational use only and should not be relied upon for any other purpose.

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GET HELP NOW

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Maria Contreras-Sweet, Agency Secretary
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